

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J:N:J		in-01-01
O.I.P.E. CLASSIFIER		49	10/15/01
FORMALITY REVIEW	S/H	1055	10-31-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	01/22/01
2	✓	✓	01/22/01
3	✓	✓	01/22/01
4	✓	✓	01/22/01
5	✓	✓	01/22/01
6	✓	✓	01/22/01
7	✓	✓	01/22/01
8	✓	✓	01/22/01
9	✓	✓	01/22/01
10	✓	✓	01/22/01
11	✓	✓	01/22/01
12	✓	✓	01/22/01
13	✓	✓	01/22/01
14	✓	✓	01/22/01
15	✓	✓	01/22/01
16	✓	✓	01/22/01
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If more than 150 claims or 10 actions  
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